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CONFIRMATION NO. 8586

SERIAL NUMBER 10/082,098	FILING OR 371(c) DATE 02/26/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 032722-594
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

46909

TITLE

Retrograde cannula having automatically inflatable balloon

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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